



PO Box 120
Kalamunda WA
6296

Ph: 0458 589 007
scsponsorships@hotmail.com
www.schrar.org

Sponsorship Form

Thank you for your interest in horse sponsorships.

Your generosity will assist greatly in your chosen horse's rehabilitation, and we look forward to keeping you up to date with all progress made. Please fill out the following form and forward with your first payment to Second Chance. We will send out your introductory package as soon as payment is received or confirmed.

NAME _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

This sponsorship is a gift for someone else: Yes No
Nb: if purchasing as a gift, please use your own address if you would prefer to give the gift to the recipient yourself.

I would like all correspondence to be sent via: Post Email

HORSE/PONY'S NAME I WOULD LIKE TO SPONSOR: _____

LEVEL OF SPONSORSHIP

Standard \$40 per month **Blue Ribbon** \$60 per month **Club/Group** \$50 per month

METHOD OF PAYMENT

Cheque or money order (enclosed) Bank transfer or direct debit
Nb: please use your surname as reference when making payments through internet banking.

Bank: Bank West **Account Name:** Second Chance Horse Rescue
BSB 306075 **Account Number:** 0320289

My first payment is for the period of _____ month/s

TAX DEDUCTIBLE RECEIPTS (please tick)

Please post receipt to me with each payment made

Please post all receipts to me at the end of the current financial year

I do not require tax receipts

Signature _____ Date _____

